



Receipt # _____

Card # _____

Bernalillo County Fitness Section Health History Questionnaire

(To be completed with an Authorization Form)

NAME _____

DATE _____

EMPLOYEE MEMBER _____

PUBLIC MEMBER _____

Regular physical activity is safe for most people. The American College of Sports Medicine Standards indicates that some individuals should check with their doctors concerning their participation in an exercise program. **To help us determine if you should consult with your doctor, read the following questions carefully and answer each one honestly.**

Please check **YES** or **NO****YES NO**

- | | | |
|-------|-------|---|
| _____ | _____ | 1. Do you have a heart condition? |
| _____ | _____ | 2. Have you ever experienced a stroke? |
| _____ | _____ | 3. Do you have epilepsy? |
| _____ | _____ | 4. Are you pregnant? |
| _____ | _____ | 5. Do you have diabetes? |
| _____ | _____ | 6. Do you have emphysema? |
| _____ | _____ | 7. Have you had an asthma attack within the last two years or are you taking asthma medications? |
| _____ | _____ | 8. Do you feel pain in your chest when you engage in physical activity? |
| _____ | _____ | 9. Do you have chronic bronchitis? |
| _____ | _____ | 10. In the past month, have you had chest pain when you were not doing physical activity? |
| _____ | _____ | 11. Do you ever lose consciousness or do you ever lose control of your balance due to chronic dizziness? |
| _____ | _____ | 12. Are you currently being treated for a muscular-skeletal problem that restricts you from engaging in physical activity? |
| _____ | _____ | 13. Has a physician ever told you or are you aware that you have high blood pressure? |
| _____ | _____ | 14. Has anyone in your immediate family (parents/brothers/sisters) had a heart attack, stroke, or cardiovascular disease before age 55? |
| _____ | _____ | 15. Has a physician ever told you or are you aware that you have a high cholesterol level? |
| _____ | _____ | 16. Do you currently smoke? |
| _____ | _____ | 17. Are you a male over 44 years of age? |
| _____ | _____ | 18. Are you a female over 54 years of age? |
| _____ | _____ | 19. Are you currently exercising LESS than 1 hour per week? If you answered no, please list your activities. |
| _____ | _____ | _____ |
| _____ | _____ | 20. Are you currently taking medication for blood pressure or a heart condition? |
| _____ | _____ | _____ |

If you answer, **"YES"** to any one of questions 1-12, or answer, **"YES"** to 2 or more of questions 13-19, we recommend that you receive medical clearance prior to your participation in an exercise program.

I have read, understood, and completed this questionnaire. Any questions that I had were answered to my full satisfaction.

Signature _____

Date _____